

100

Figure 1

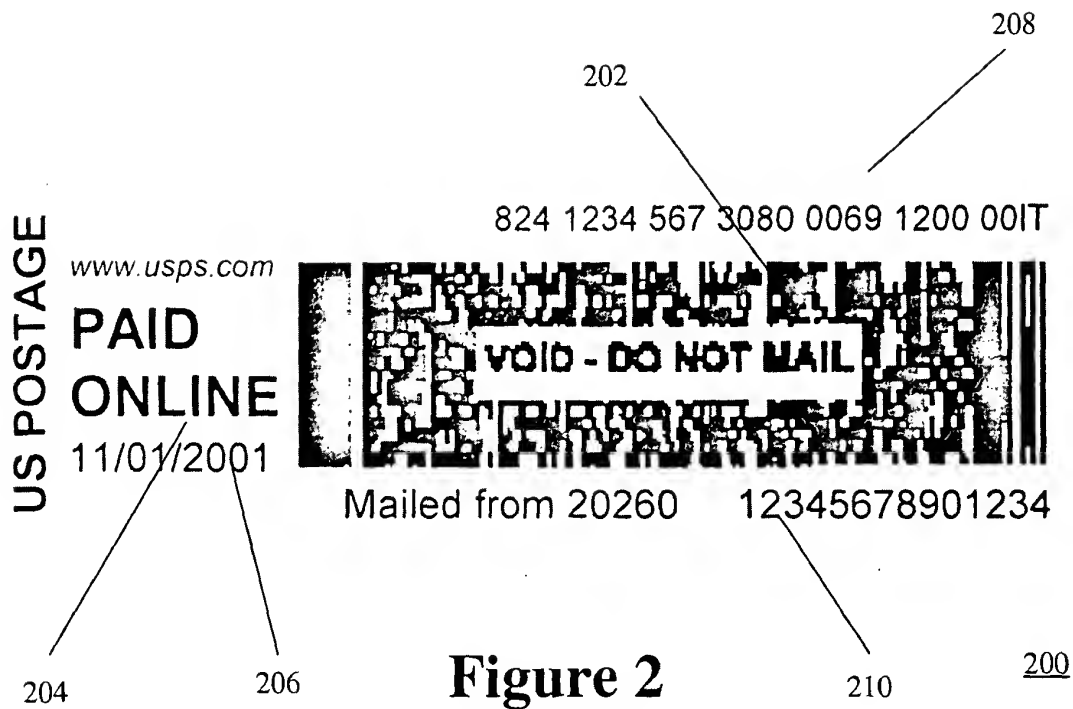


Figure 2

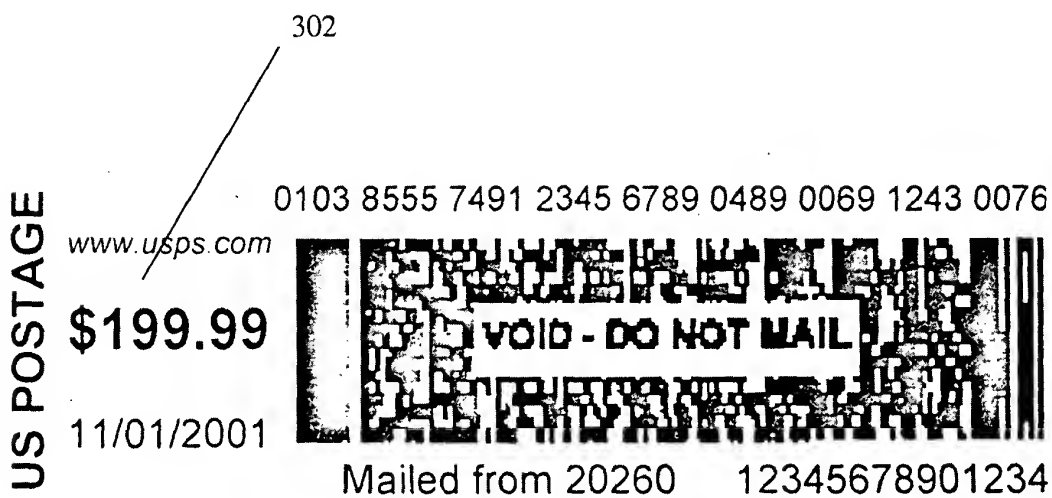
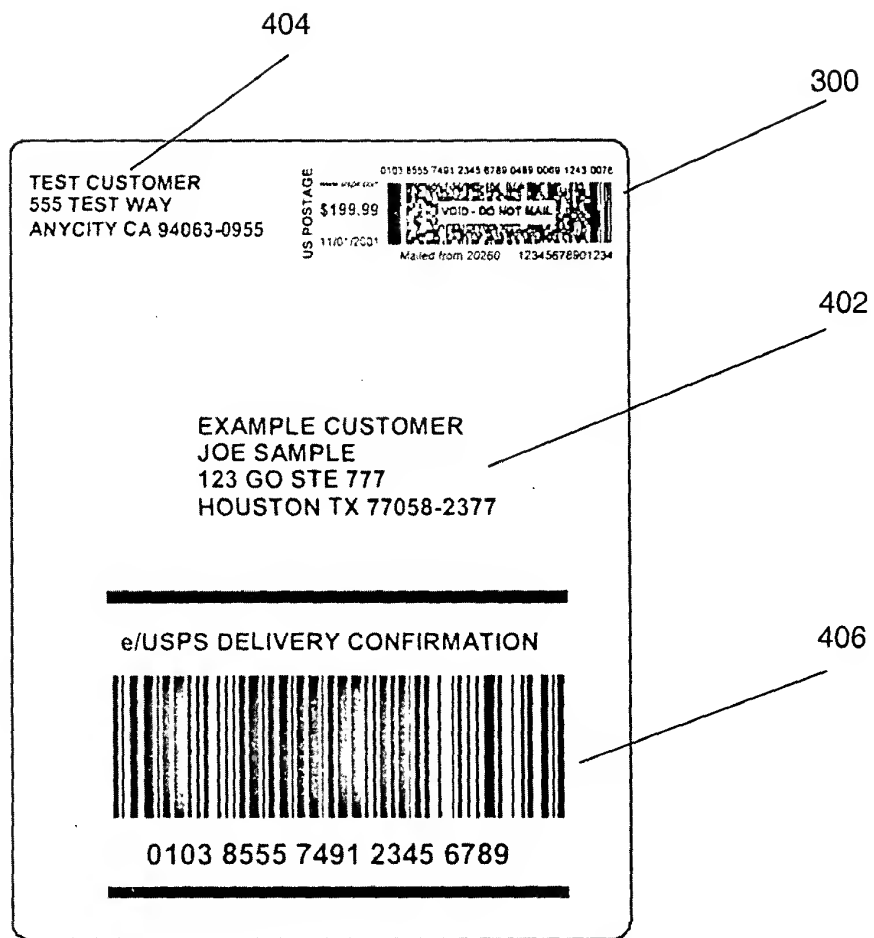


Figure 3



400

Figure 4

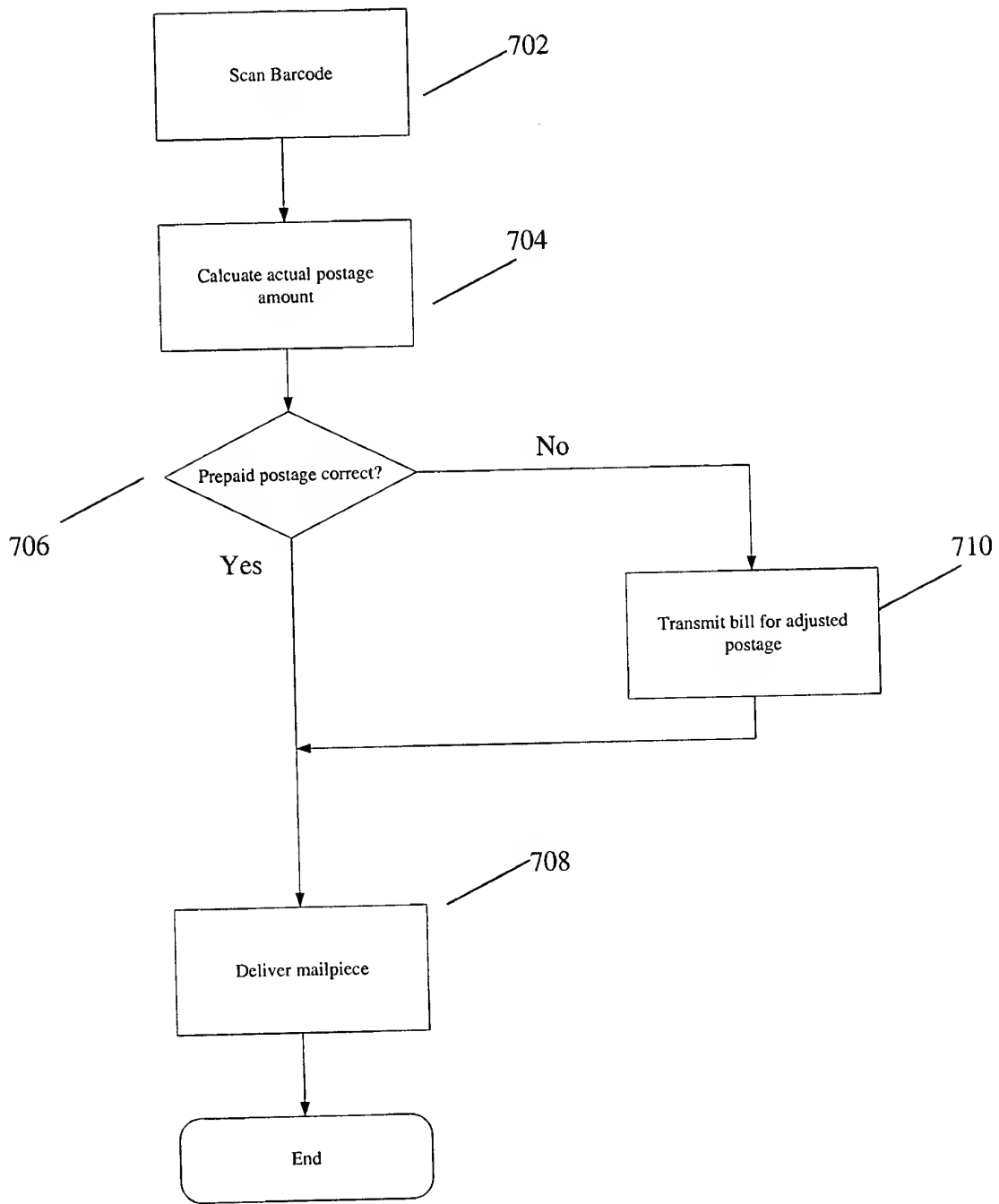
P	US POSTAGE AND FEES PAID JUL 03 2002 Mailed from ZIP 94301 1 lb Priority Mail Rate Zone 2
	 VOID - DO NOT MAIL endicia.com 071V00500588
USPS PRIORITY MAIL®	
Endicia Internet Postage 247 High Street Palo Alto CA 94301 1041	
SHIP John Doe TO: 5000 A St Sacramento, CA 95819-2223 	
e/ USPS DELIVERY CONFIRM	
 0180 5213 9071 0116 9068	
ELECTRONIC RATE APPROVED # 805213907	

502

Figure 5

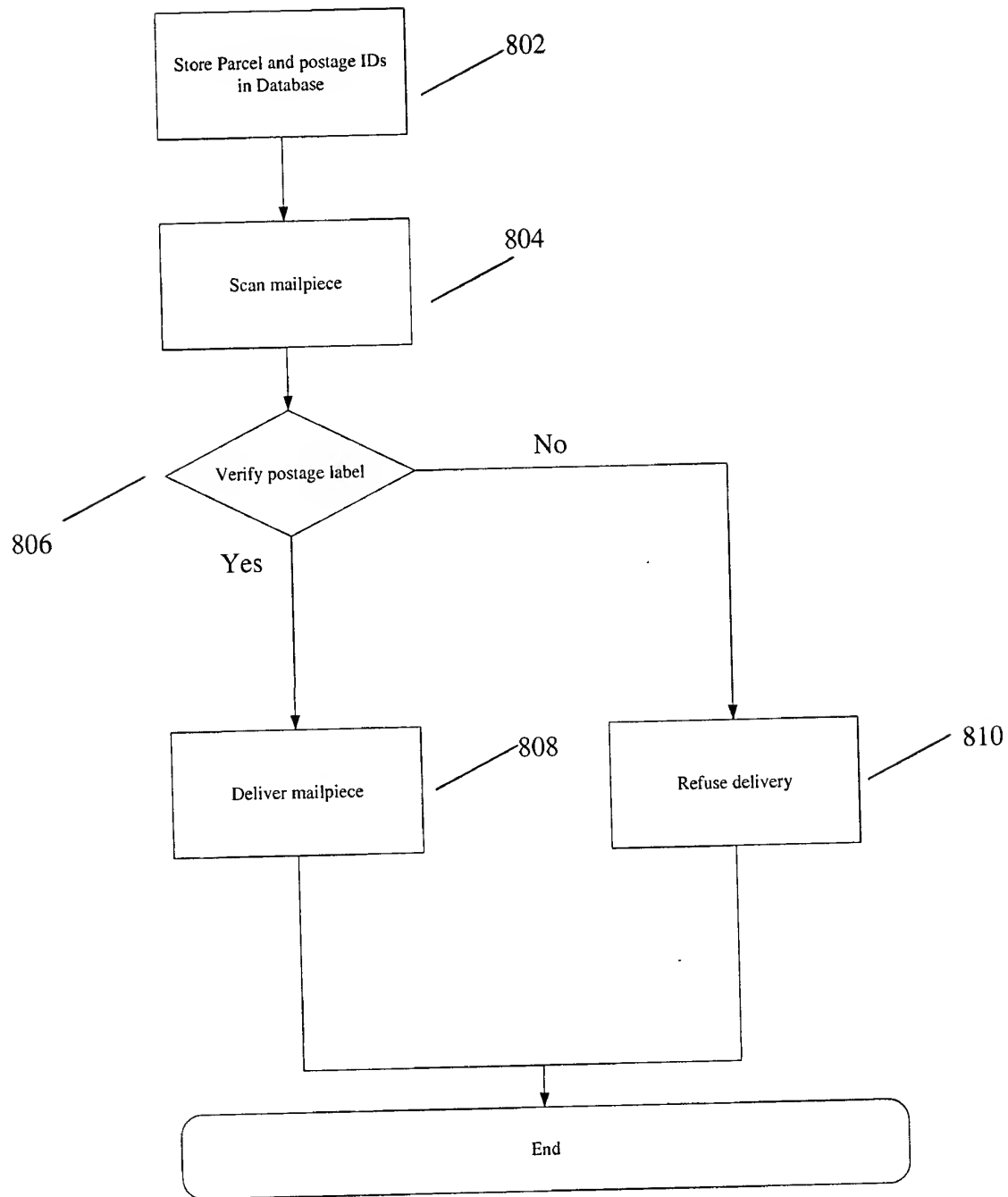
E	<p>US POSTAGE AND FEES PAID JUL 03 2002 Mailed from ZIP 94301 8 oz Express Mail Rate Zone 6</p> <div style="text-align: center;">  VOID - DO NOT MAIL </div> <p>endicia.com 071V00500588</p>				
USPS EXPRESS MAIL®					
<p>Endicia Internet Postage (650) 321-2640 247 High St Palo Alto, CA 94301-041</p> <p>NO DELIVERY WEEKEND OR HOLIDAY</p> <p>SHIP John Smith TO: 6500 University Dr S Omaha, NE 68132-3428</p>					
<p style="font-weight: bold; font-size: 1.1em;">USPS EXPRESS MAIL</p> <div style="text-align: center;">  EO 000 161 100 US </div>					
POSTAL USE ONLY					
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Date In</td> <td style="border: none; text-align: center;">Mo Day Year</td> <td style="border: none; text-align: center;">Time In</td> <td style="border: none; text-align: right;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </td> </tr> </table>		Date In	Mo Day Year	Time In	<input type="checkbox"/> AM <input type="checkbox"/> PM
Date In	Mo Day Year	Time In	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Day of Delivery</td> <td style="border: none; text-align: center;"> <input type="checkbox"/> Next <input type="checkbox"/> Second </td> <td style="border: none; text-align: center;"> <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM </td> </tr> </table>		Day of Delivery	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	
Day of Delivery	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM			
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">Return Receipt <input type="checkbox"/></td> <td style="border: none; width: 33%; text-align: center;">COD <input type="checkbox"/></td> <td style="border: none; width: 33%; text-align: right;">Additional Insurance <input type="checkbox"/></td> </tr> </table>		Return Receipt <input type="checkbox"/>	COD <input type="checkbox"/>	Additional Insurance <input type="checkbox"/>	
Return Receipt <input type="checkbox"/>	COD <input type="checkbox"/>	Additional Insurance <input type="checkbox"/>			

Figure 6



700

Figure 7



800

Figure 8